

PSJ2 Exh 92

Author: Dr Richard Sackler at NORWALK
Date: 5/28/97 8:00 PM
Priority: Normal
TO: Michael Friedman at NORWALK
Subject: Re[2]: oxyplms.doc

File OxyContin

----- Message Contents -----

I agree with you. Is there general agreement, or are there some holdouts?

----- Reply Separator -----

Subject: Re: oxyplms.doc
Author: Michael Friedman at NORWALK
Date: 5/28/97 1:15 PM

My purpose in writing this memorandum is to clarify our position on the very complex issues raised by Mike Cullen during the Phase IV team meeting and which were the subject of Dr. Richard's inquiry.

We are well aware of the view, held by many physicians, that oxycodone is weaker than morphine. We all know that this is the result of their association of oxycodone with less serious pain syndromes. This association arises from their extensive experience with and use of oxycodone combinations to treat pain arising from a diverse set of causes, some serious, but most "less serious." This "personality" of oxycodone is an integral part of the "personality" of OxyContin.

When we launched OxyContin, we intentionally avoided a promotional theme that would link OxyContin to cancer pain. We specifically linked OxyContin to the oxycodone combinations with our "old way, new way" campaign. We made sure that our initial detail piece provided reps with the opportunity to sell the product for a number of different pain states. With all of this, we were still concerned that the drug would be slotted for cancer pain and that we would encounter resistance in the "non-malignant pain market."

Our pricing of the product was geared toward the non-malignant market. We knew that if we priced low (per mg.) for the high dose cancer patient, we would be priced way too low (per mg.) for the "standard" non-malignant pain patient, where we really wanted to make a market. We feared that the "cancer pain experts" would object to the 2:1 ratio and resulting cost of therapy for high dose patients, however, we had no choice, given our chosen position for OxyContin. In any case, we are developing hydromorphone OD for the high dose patient.

Despite our initial uncertainty, we have been successful beyond our expectations in the non-malignant pain market. Doctors use the drug in non-malignant pain because it is effective and the "personality" of OxyContin is less threatening to them, and their patients, than that of the morphine alternatives. (I apologize for this unscientific term, but, I feel it captures the notion that there are image related attributes that influence drug acceptance.) While we might wish to see more of this product sold for cancer pain, it would be extremely dangerous, at this early stage in the life of this product, to tamper with this "personality," to make physicians think the drug is stronger or equal to morphine. We are better off expanding use of OxyContin, in the non-malignant pain states and waiting for Hydromorphone OD, in 1999, to relaunch into cancer pain.

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For the time being, I do not plan to try to change the "personality" of OxyContin. We will continue to FOCUS on expanding the non-malignant pain usage. In this group of patients, morphine is not an alternative, and the price is correct.

We will continue to encourage doctors treating cancer patients to start earlier with OxyContin and avoid combinations. Hopefully they will achieve good results and keep these patients on OxyContin. For high dose patients we will study the possibility of limiting or holding the price increase on the 80 mg. However, I think that our real future in high dose cancer pain will be linked to hydromorphone OD.

I do not plan to spend too much time dealing with the 1:2 ratio issue. This is a red herring that is not relevant in the non-malignant pain market. We will provide our reps with the data and let them use it as needed to defuse situations where it will work for them.

MF

Reply Separator

Subject: oxyplms.doc

Author: Dr Richard Sackler at NORWALK

Date: 5/25/97 2:54 AM

Please consider these continuing problems more than 20 months into the launch and promotion of oxy.

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